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COUNCILMEMBER GILDA FELLER
Civic Center Building
2180 Milvia Street
Berkeley, Calif. 94704

PRELIMINARY DESIGN

BERKELEY HEALTH CLINICS

830 UNIVERSITY AVE

by:

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for:

Architecture 201, sec. 6, Comerio

Architecture 209, Lindheim

Winter Quarter, 1981

WILLIAM HENRY HARRIS
ONE SOUTH HARRIS
SOUTH HARRIS
SOUTH HARRIS

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SOUTH HARRIS

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INTRODUCTION

The Berkeley Health Clinic, located at 830 University Avenue, is the home of a variety of health care clinics. The City of Berkeley Department of Public Health provides four clinics here, primarily for Berkeley residents. The four clinics use the same exam, laboratory and treatment rooms, so a complex schedule of when the clinics meet is necessary. Clinic scheduling varies from once a week for Immunizations, once or twice a month for Child Health, to three and four times a week for the VD Clinic and Family Planning. In addition, the building also houses the West Berkeley Health Center, a non-profit community service that occupies the western wing of the building and does not share facilities with the other occupants.

The City of Berkeley established that the 830 University building is in need of extensive repairs and renovations. Although a large portion of the work is required "code work", including heating, wiring, and handicapped access, it is also quite apparent that the building does not serve the clinics in the optimal way. A Health Complex Task Force, organized to investigate health services in West Berkeley, found that architectural planning and design were necessary to estimate renovation costs. This planning should include both City code requirements and a design to make the building more functional for the clinic services.

Through negotiations between the City of Berkeley and the University of California, Berkeley an agreement was reached that a UC Architecture class would provide preliminary planning, design specifications and construction documents. The participants in this project are members of the Architecture 201, sec. 6, design studio of the UC Berkeley Department of Architecture and the Elmhurst Community Design Center, located at 8501 E. 14th Street, Oakland. Since January, 1979, the College of Environmental Design has operated a Community Design Center that provides field based education for students and architectural services to the community. Mary Comerio, Assistant Professor of Architecture, supervised this joint class/field work. The students were also enrolled in Roslyn Lindheim's Architecture 209, Therapeutic Environments.

METHODOLOGY


Analysis of the problems in the existing clinic and programming of the needs were approached in several ways. Probably the most important were interviews and discussions with the staff. Direct observation and informal interviews with patients were almost equally important methods. Meetings, including Task Force meetings and staff meetings generated additional information, as did general research and discussions with other students and professionals.

INTERVIEWS:

During the last 8 weeks, we interviewed a large number of the staff members, asking questions ranging from aesthetics to schedules, activities and space requirements to safety and needs of patients. These interviews generated useful and insightful knowledge of the building and how it is used. Because of a number of considerations, availability being foremost, the Family Planning Clinic was the group most extensively interviewed. While other clinics use the space during clinic hours only, the Family Planning staff has all its functions in the building. The VD staff, also a major user of the building, also had some important input into our interviewing process. However, direct information from Child Care and Immunization has not been incorporated into this information. While other staff members could convey their impressions, scheduling conflicts and other problems prevented direct interviews, which is a much preferable situation. Hopefully, this problem can be resolved in the next stage of design and review and criticism of the schematic plans shown here.

RESEARCH AND PLANS:

An initial area of research was to locate existing drawings. Although we knew that several other studies of this building had been done, there did not seem to be a floor plan of the existing building. After futile searching, we finally just measured and drew the existing conditions. In addition to being the first, essential step in a plan to remodel the building, it should also be effective in grant proposals, when floor plans are necessary.



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PROGRAMMING AND PROBLEM ANALYSIS

Using the methods described, we gradually arrived at a set of major issues. While most of these centered around the type and use of space, the location and constructive uses of rooms, some overall problems emerged. The major problem is clearly the circulation in the building, which affects the two primary users of the building - Family Planning and Venereal Disease Clinics. In taking patients from the interview/office spaces in the east Family Planning wing to the exam rooms in the south wing, patients and staff must pass through a multi-purpose room, the Family Planning records room and the VD records room. This is disorienting to the patient and exhausting for the staff. The solution to this major problem suggested in the schematic plans also makes the building more flexible in terms of its long range operation, an important consideration.

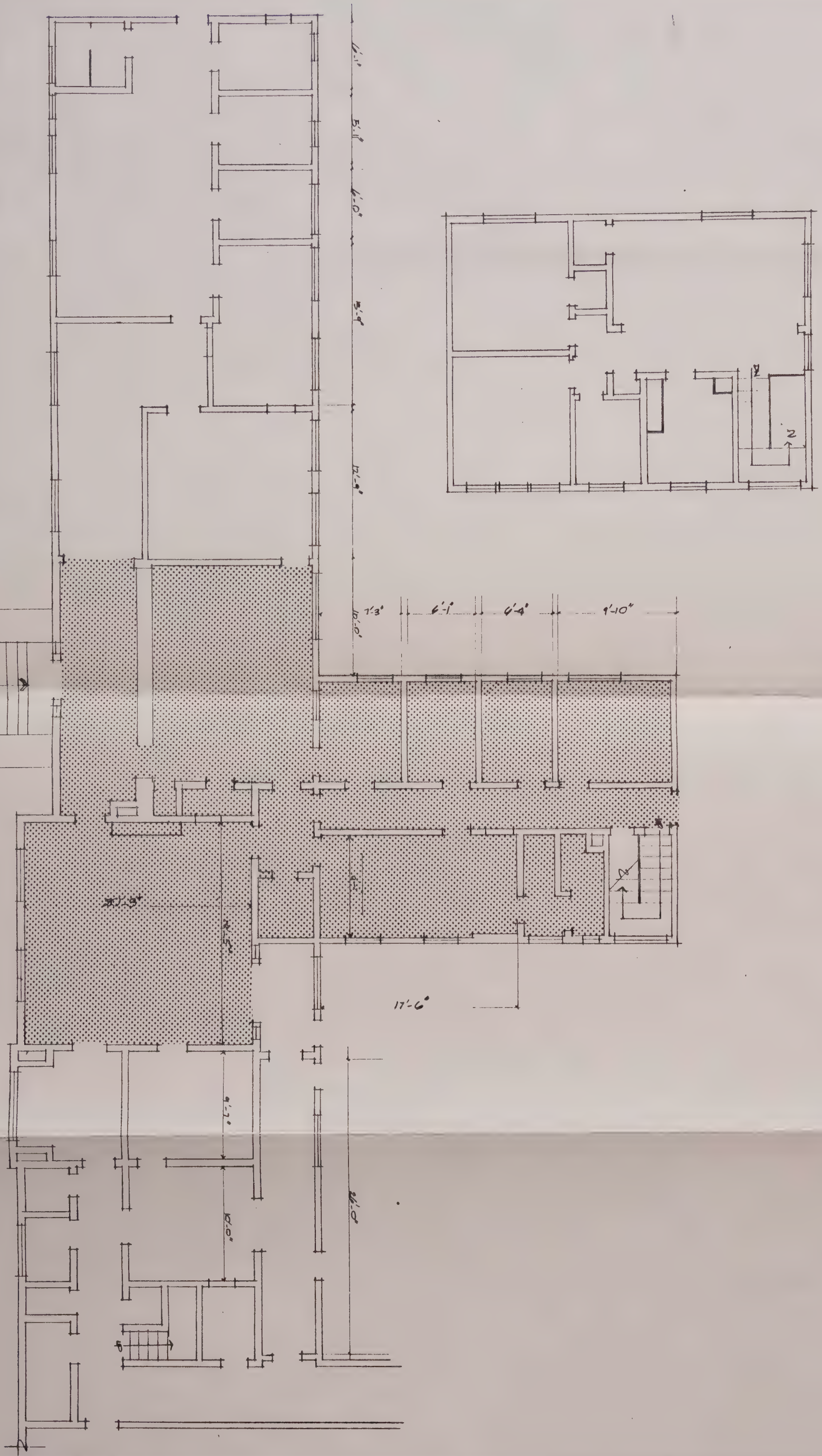
The fact that the same spaces are used by four clinics sharing significant spaces was a crucial issue in our schematics. Spaces must remain flexible, without too much "territorial" feeling by any one group for space. Critical spaces, such as the entry, waiting room, exam rooms and labs must meet the needs of all the occupants. Special needs for spaces should also be accommodated when possible.

Maintenance throughout the building is an important issue. New materials installed should be easy to clean and long wearing. An agreement between the City and the respective clinics should be reached to improve routine maintenance and cleaning.

The large, south facing garden to the rear of this building is an important amenity that is not fully realized because of lack of adequate access. Converting some of the windows on the south side to doors would make this a pleasant, accessible space for patients and staff alike.

A major code item for the building is accessibility for the handicapped. Although not a necessity at the time of construction, changed needs and attitudes have incorporated these standards into the building code. This is especially important as Berkeley is a city with a high rate of handicapped citizens.

This report is the first phase of our work. It includes some background, observations, identification of major problems and initial schematic solutions. We hope this document will result in additional input: "Yes, this work, but this is all wrong.", "I like the _____, but also want a _____.", etc. Organization of most of our findings is by room types (exam, lab, etc.). Under each type are observations, culled from staff and patient interviews as well as direct observation. Below the observations is a section with the heading "what should be here:". We hope readers will find this as much a question as a statement, and respond to what we have stated. This information and feedback will be incorporated into final design plans for the building.



EXISTING :- V · D · CLINIC

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Main Entrance on University

RECEPTION AREAS

OBSERVATIONS:

Family Planning and VD currently maintain their own reception areas, each with its own problems. The Family Planning desk is located in the hallway that serves as the adjacent waiting area. In the small place, the desk is too close to the patients for the ease of either the staff or the patients, while being too separated from the records. To avoid interruption during non-clinic hours, staff uses a separate desk around the corner. The proximity of patients makes personal questions for forms difficult.

The reception for the VD clinic is located in the entrance hallway. A counter with windows separates patients from the staff and records. As in the FP clinic, questioning patients about private, sometimes delicate questions is difficult with a crowd of people listening in the hallway. Though convenient to records (the same room), staff has limited circulation and is surrounded by files. Congestion in the hallway is a common occurrence.

One programming issue discussed was the possibility of combining the reception areas into one desk. Based on the current clinic structures, the schematic plan shows two areas, each adjacent to separate records.

WHAT SHOULD BE HERE:

- Two reception areas, adjacent to respective records area.
- Some separation, such as a counter, between the staff and the patients. The counter or desk should have sufficient area to also serve as a workspace.
- The ability to close off the area when the clinic is not in session would be desirable. The closure should remain open enough that a patient coming in at off hours is still able to converse with the staff.

RECORDS

OBSERVATION

Family Planning and VD maintain separate file rooms for records, which also function as offices for the full time clerical staff for both clinics. Child Care and Immunizations either have minimal records storage or maintain their records in the Public Health Building on Milvia. The file rooms used by Family Planning and VD share a common, major problem: the rooms are used as a major corridor for staff and patients going from the interview rooms in the east wing to the exam rooms in the south wing. This circulation pattern was cited as a major problem by every staff member interviewed. Patients, especially first time patients, found the route disorienting and confusing. The circulation space cuts into the space useage of the room, and disrupts the work.

Including all the clerical staff functions in one room has advantages and disadvantages. While consolidating the paper work, lessening walking and saving some time, it also separates the records too much from the Family Planning receptionist and makes it difficult for VD staff to efficiently get in the files.

WHAT SHOULD BE HERE:

- Continue separation of VD and Family Planning records.
- Separate records from waiting area to prevent patients from "thumbing through".
- Provide some separation of office functions, i.e. records, bookkeeping, xeroxes.
- Allow enough room for office equipment (including access when needed behind) and sufficient storage for office supplies.
- Sufficient wall space should be provided for current records and rooms for expansion.
- Easy access of records should be possible from receptionist's desk.

WAITING

OBSERVATIONS:

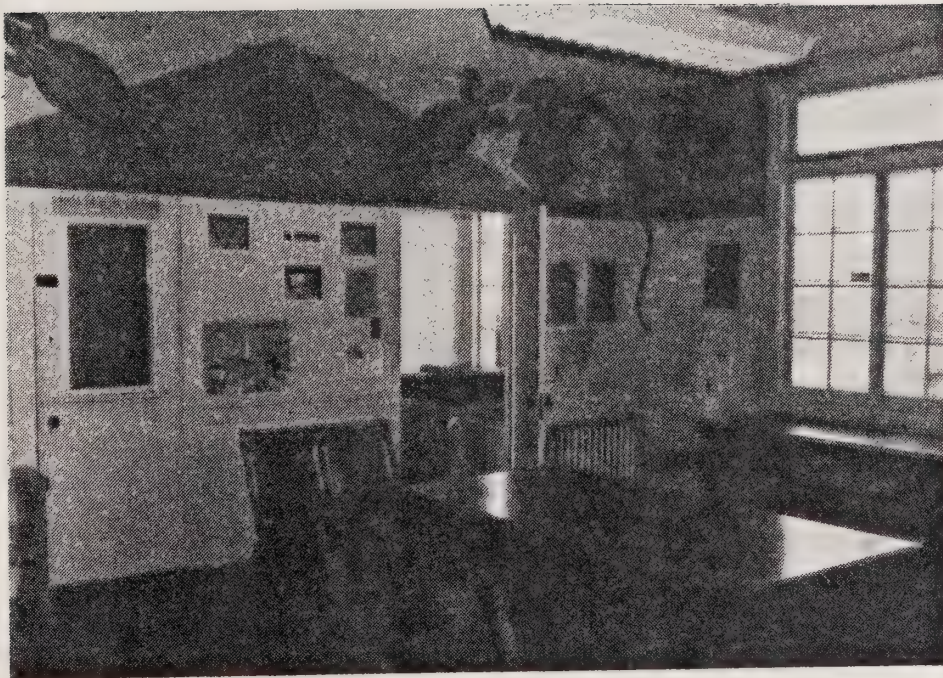
There are three areas of the building that are used as waiting areas. The largest, and most commonly used, is to the right of the front entrance. Used most often by the VD clinic patients, it is a large room with badly arranged and uncomfortable benches. The dark room has been somewhat livened up by wall murals, which most patients seemed to like. The seating does not take maximum advantage of the space, and there is frequently not enough for all the patients. The placement of this room makes it possible for visitors to slip in the front entrance and into other parts of the building without staff being aware of their presence.

A small hall to the left of the front entrance serves as a waiting area for patients of the Family Planning Clinic. Although it is too small, with too few chairs too close together, the larger waiting room is removed from the reception desk and inconvenient. When the patients without seats wander, they go either into the adjacent and accessible records room or to the larger waiting room. Mothers that bring their children have an additional problem.

A small hallway adjacent to the West Berkeley wing serves as a small waiting room for the West Berkeley patients.

WHAT SHOULD BE HERE:

Observations and discussions with the staff lead to the design decision that one central, shared waiting room would maximize space use and allow for a much higher quality space. The most appropriate space for such a shared waiting room would be immediately adjacent to the entrance, in the space that is now used for the VD records room. Not only will this solve circulation pattern problems, but will allow the waiting room access to southern exposure and a pleasant outdoor space that can accommodate overflow and children, especially in nice weather. Addition of a solar greenhouse could add heat to the building and allow an all-weather extension to the waiting room.



Large waiting room, used by VD clinic

INTERVIEW

OBSERVATION:

Interview spaces are used by all the clinics in the building. The spaces used by the Family Planning nurse practitioners are the small office spaces in the east wing. Although the spaces are pleasant, there are four offices used by seven practitioners, so there is sometimes an overflow. When all the offices are full, and usually for refills, the interview and blood pressure reading will occur in the large multi-purpose room adjacent to the offices. After the discussion, the practitioner and the patient move to an exam room, which causes a major circulation problem and a break in the continuity of the patients visit. The offices are of sufficient size, with room for a desk, a small bookcase behind the door, and two chairs.

The VD staff uses interview rooms also, but rather than one person doing the interview and the exam, the interview is usually conducted by a State VD inspector. This interview usually occurs in the small trailer in the back of the clinic. When two investigators are working at the same time, one must use an unenclosed office space inside the building, which does not provide the necessary privacy.

WHAT SHOULD BE HERE:

- From discussions with Family Planning Staff, a radical change in space organization emerged that could solve some of the major circulation patterns. Rather than offices in one wing, exam rooms in the other, exam/office rooms would be provided in both. This solution would work given the current staggered hours of the clinics; it would also allow more flexibility in scheduling and future possible changes.
- Each exam/office must have a sink
- Each exam/office must be large enough for both an exam table and a small desk, plus all the supporting equipment.
- The exam/offices should be close to a small lab to minimize circulation.
- Three small interview-only offices should be available for other clinics, large enough to contain a small desk and two or three chairs.

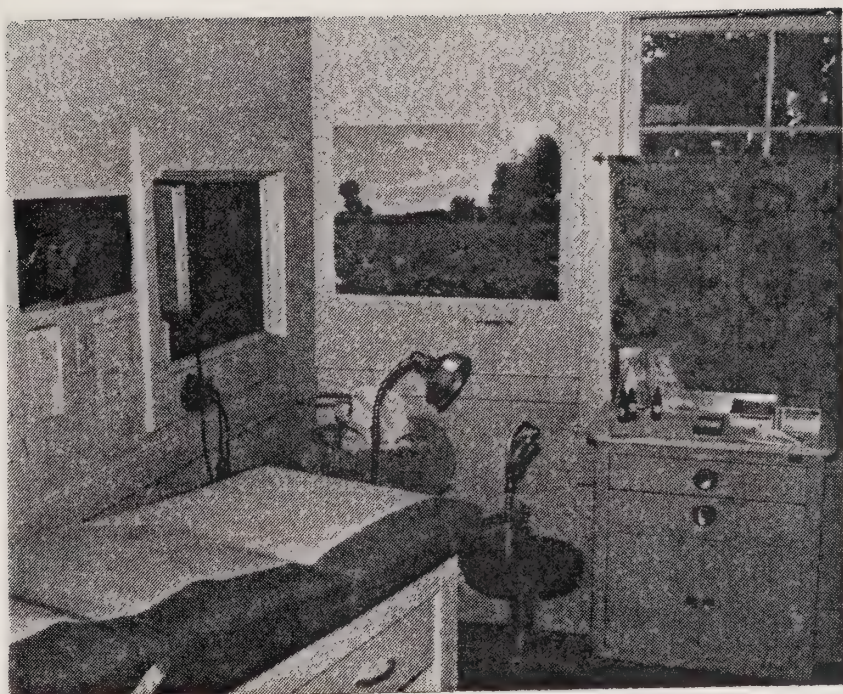
EXAM ROOMS

OBSERVATION:

The three exam rooms in the south wing of the Berkeley Clinic are shared by all the clinics, on staggered schedules. This makes them, along with the labs, the most heavily occupied spaces. Two of the three are too small for a patient, a doctor and a nurse to occupy comfortably, much less including someone the patient has brought along for support (spouse, mother, etc.). Space use in all the rooms could be radically improved by better storage, such as locked cabinets and sinks with counters. The end room has no sink. All three rooms are chilly, uncomfortable for patients.

WHAT SHOULD BE HERE:

- As discussed in the "Interview" section, an alternative is to provide more and larger exam rooms that double as offices.
- Exam rooms larger and the space more well organized.
- Improvements of heating for comfortable temperature (code work).
- Minimum of three exam rooms for VD staff.
- Surfaces, including floors, of easy to clean materials.
- Sink in every exam room.
- Storage space, that can be locked, in each exam room.



The small exam room without a sink.

STORAGE

OBSERVATION:

Storage space is a problem through out the clinic. Storage of medications occurs in the large lab/treatment room as well as upstairs and in the multi-purpose room of the Family Planning Wing. The storage space upstairs is the most extensive space and, despite the difficulty of getting supplies up the narrow stairway, additional attic space would be well used. Storage in the exam rooms is insufficient, but all supplies stored there should be in locked cabinets. Additional office storage space is also needed, for records and supplies.

Delivery of supplies is a continual problem for both the VD and the Family Planning Clinics. Coordination with the City is difficult. Truck drivers are not allowed, under the Teamsters contract, to bring supplies up the stairs and into the building without additional charges. Supplies are often packed in heavy and unweildly boxes, difficult for women workers to manage.

WHAT IS SHOULD BE HERE:

- Storage space for each section of the building.
- Janitorial storage space.
- Storage space for office supplies.
- Additional attic finished to expand storage upstairs.
- Storage space added to exam rooms, especially for large, seldom used equipment. This storage space should be locked.
- More efficient shelving and tables in labs, offices.
- Resolving with the City Purchasing Department a better way to deliver supplies.

RESTROOMS

OBSERVATION:

Restrooms in this building are a rather surprising problem. At first glance, it seems that the four toilet facilities should be adequate. Unfortunately, they are difficult to locate at the ends of the separate wings, do not provide any separation between men's and women's facilities, do not provide any separation between staff's and patient's facilities, and most important, are all inaccessible to the handicapped. One of the toilets, in the large lab/treatment room, has only 10 inches of access between a wall and a sink to get to the toilet stall..

WHAT SHOULD BE HERE:

- Two restrooms should be provided immediately adjacent to the waiting room. They should be designed to be accessible to the handicapped.
- One restroom, in the Family Planning wing, should be a staff (and perhaps lab, depending on design choices) toilet.
- The restroom near the lab, lab/treatment and exam rooms should be a specimen toilet.
- The restroom currently located on the north side of the building could be removed and the space used as office space. VD, Child Care and Immunization staff could share the "staff only" restroom currently used by the West Berkeley Clinic staff.

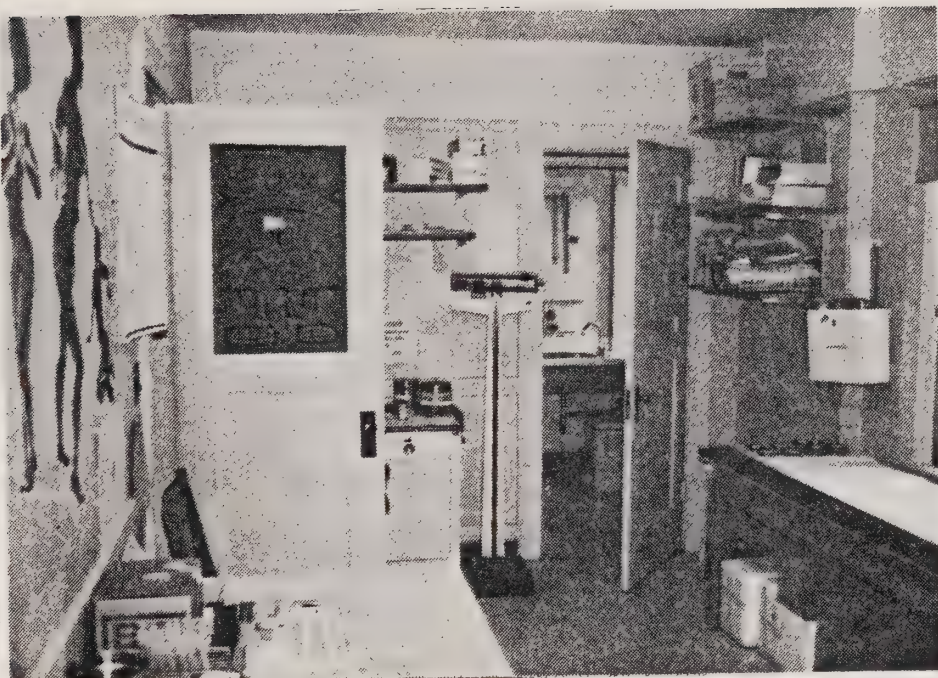
LAB

OBSERVATION:

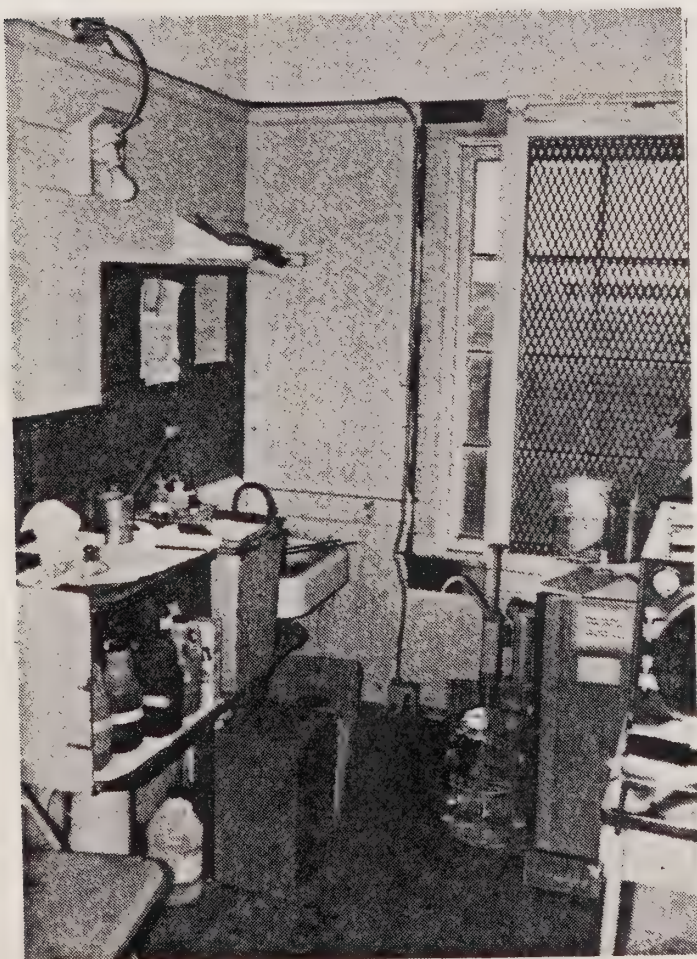
The small lab in the southern wing of the building is used by all the clinics. It contains a microscope, a sterilizer, an incubator, a sink and storage of chemicals, materials and water for tests. It is crowded, especially when occupied, with three people often in there at the same time. The flooring is old wooden, the sink difficult to clean of the stains used in the lab. The current space arrangement and type of storage amplify the space problem.

WHAT SHOULD BE HERE:

- Easy to clean surfaces are more important in the lab than in any other single room. A stainless steel sink, vinyl flooring and easy to clean wall covering near the sink would make maintenance much easier.
- Better storage space, incorporating wall storage and under sink storage.
- A careful look at space arrangement should result in a more useable space.



Lab/Treatment room, looking toward bathroom



Small Lab

TREATMENT ROOM

OBSERVATION:

The large room referred to as a lab by the staff seems in most instances to function more as a treatment room. It contains scales, two refrigerators, equipment storage and medicine storage (locked), an exam table and a small table used by nurses. A toilet facility nearby acts as a specimen toilet and as a general toilet. Circulation through the room reduces the useable floor area and the privacy in the room. Though used by all the clinics, VD and Immunization use the room primarily as a treatment room. Because the doors must be closed, and the nurse gone while the patient dresses and undresses, the time the room is in use is less than desired.

WHAT SHOULD BE HERE:

With a more efficient circulation system, rearrangement of the door to the restroom, and better use of wall storage, a smaller space could easily accommodate all the needs.

- Better space planning, including wall and cabinet storage.
- Changed entrance to room and to toilet.
- Curtains provided around the exam table should allow more time in the room, so a nurse could prepare medications or records while a patient dresses and undresses, or the door opened and shut.
- Additional wiring (code work)

STAFF FACILITIES

OBSERVATIONS:

The Family Planning Clinic, which has all its facilities located in this building, has a large room that serves as a multi-purpose room, for staff meetings, conferances, overflows when all the interview/office rooms are full and is used pill refills. The xerox machine, coffe machine, bottled water and supplies storage are also located in this room. Although the room serves all these purposes, it can be quite chaotic at busy times. Practicioners who must do their paper work there at these times find it noisy and confusing. There are some advantages to a multi-pupose room such as this. Cohesiveness and community among staff members is encouraged; patients feel like they are part of the clinic.

WHAT SHOULD BE HERE:

Some functions of the staff room should remain. Staff should have a place to keep personal items, from coats and purses to coffee cups. A room that can function as a meeting room, a conferance room and a general overflow room should be included in a clinic redesign. Some activities should be separated out to minimize congestion and confusion, such as xeroxing and bookkeeping. Medical supplies should be located closer to the rooms where they are dispensed. This room should be centrally located and take advantage of the south exposure onto the pleasant garden space.



Exterior, south side of building. Possible location for Solar Greenhouse.



Exterior, south side of building. Possible location for Solar Greenhouse.

TEEN TRAINING

OBSERVATIONS:

The entire upstairs space of the south wing is used for the teen training program. This program, a division of Family Planning, has two staff members that work year round, each with an office upstairs. During the summer months only, the large room is used as a classroom by approximately 12 high school students, and 2 or 3 adult teachers. The upstairs space, which also contains a kitchen and a restroom, provides sufficient and pleasant space for this class. Sometimes, the exuberance of the students, especially during breaks and lunches, can be disturbing to staff and patients of clinics in session in the exam rooms below. Although the space remains vacant for almost nine months out of the year, few of the other staff members in the building venture up to use the kitchen or large meeting area. One reason commonly cited for this is the fact that the stairway, located at the back end of the south wing, psychologically and physically separates the upstairs from the rest of the building.

WHAT SHOULD BE HERE:

Reassessment of how, when and by whom this space is used should occur. An important possibility would be to relocate the stairway leading up to it to a spot adjacent to the central building activities. This relocation could also improve circulation in the building, and make the kitchen space more available as a staff lounge/break area.

SCHEMATIC DESIGNS

From this input and problem analysis, two initial schematic designs were drawn up. Both of these plans have some elements in common. The entry, reception and waiting areas are similar, with the two new restrooms accessible to the handicapped located adjacent to the waiting room. The waiting room was relocated to the space currently occupied by the VD records and clerical staff. This room, immediately adjacent to the entrance is definitely the best location for the waiting room; not only is it large and easy to place in proximity to the reception area, but is also adjacent to the south garden and windows. Thus, the waiting room can overflow to the outdoors and patients with children can take them outside. Locating the waiting room here is the first step to resolving the major problem of circulation through work spaces.

Both plans also develop the concept of combining the exam/interview activities into one space. This solves much of the rest of the problem of excessive walking and separation of clinic activities for the Family Planning Clinic. This concept also gives more ultimate flexibility to the clinic. Addition of additional exam rooms would even allow some patients to visit while the clinic is not in session and the south wing exam rooms are used for another clinic. To make this arrangement more feasible, an additional "mini-lab" should be placed close to the new office/exam rooms.

Both plans provide support staff functions in similar locations, and indoor interview rooms that can be used by the VD inspectors and other clinics.

Some differences do exist in the plans. These deal mainly with relocating the stairway to the front of the south wing and minor differences in office and lab layouts.

These plans should be discussed for how the individual clinics would function in a revised plan. Feedback on these schematics will result in changes for the final design.

PHASING

DESIGN:

Design and programming, done by students from the School of Architecture at UC Berkeley, is expected to follow the schedule given below. This schedule will depend a great deal on the input and approval for the plans and revision by the staffs of all the clinics that use the building and by the West Berkeley Health Complex Task Force, as well as other City Divisions that have a say in the final decision.

Pre-design and schematics: Completed March 19, 1981, as explained in this report.

Design and preliminary cost estimates, including technical analysis of the building: Estimated to be completed by mid quarter, Spring, 1981.

Working drawings and final cost estimates: Expected to be completed Spring quarter, 1981.

CONSTRUCTION PHASING:

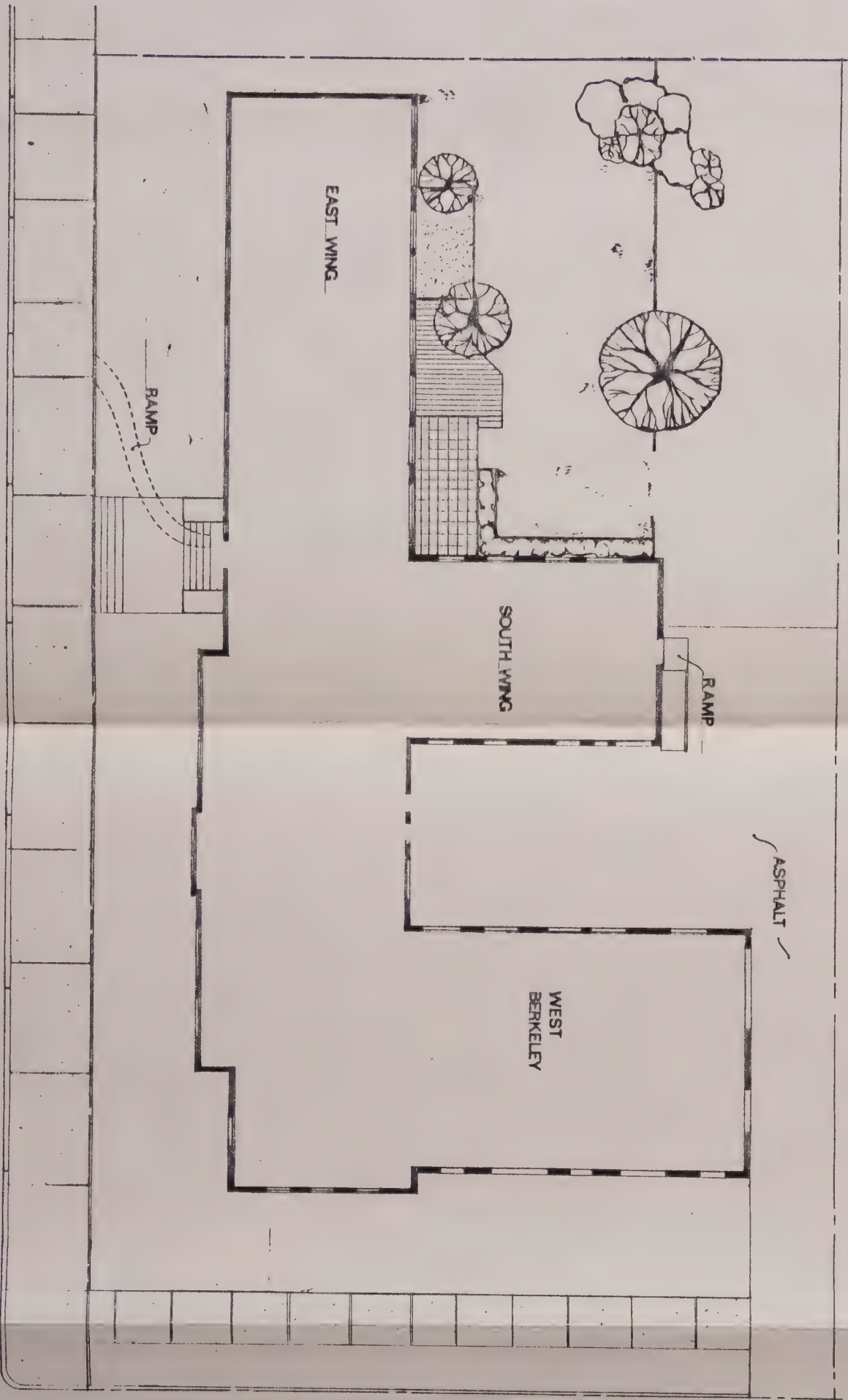
Phasing of the construction must be done according to the priorities established by the City, and incorporated into the working drawings and cost estimates. Code work, including wiring, plumbing, handicapped access and structural work should be included in the setting of priorities. At this stage of design, it appears that revision of the waiting room, and installation of new handicapped-access toilets would solve the major problem of circulation through working spaces, as well as solving several minor problems. How to actually schedule the work will be done in greater depth after design priorities have been set.

BUDGET

A budget has not been calculated at this stage of the design project. This will be estimated generally with a final design, and more specifically with working drawings. General costs can be estimated, however. In a June, 1980 memo to the Berkeley City Council, the renovations were estimated as \$227,956, without Architectural Fees. This estimate, for code work only, could be expanded to approximately \$400,000 with inflation and additional renovation costs.

AGREEMENT WITH THE CITY OF BERKELEY

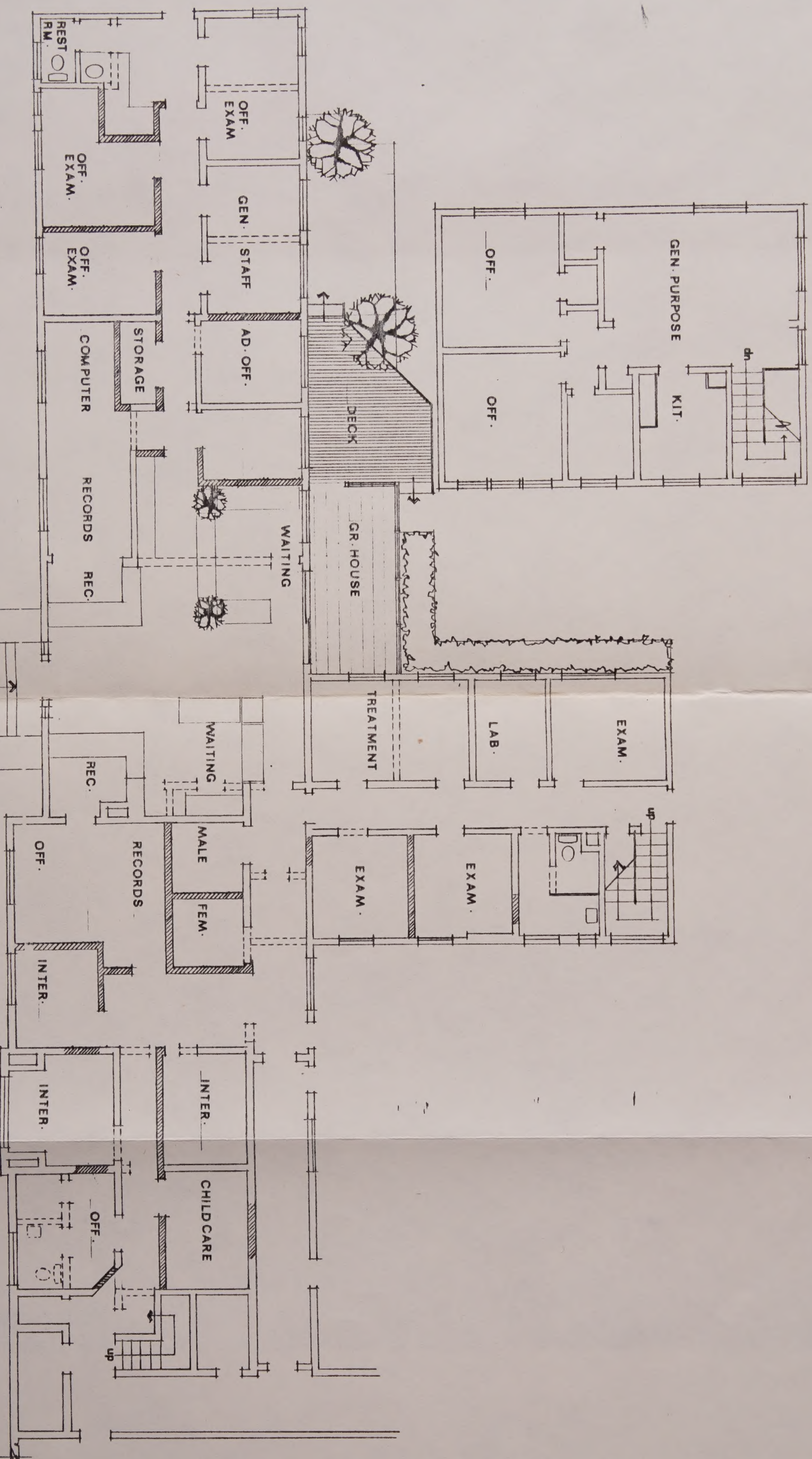
When this project was initially proposed, an agreement between the City Manager's office and the University was reached. The City agreed to provide, in exchange for architectural services, space to work and clerical support for the Design Center. These have not yet materialized from the City. The Elmhurst Community Design Center offices in East Oakland are too far from the project site, and the studio (based partly on this agreement) has no official space on campus. Hopefully, these problems will be resolved and office space will materialize for the next two design phases.



SITE PLAN

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